

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36562 8791

DEC 22 1941  
Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Anthony's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Philip Bansbach

3. (b) If veteran, name war None 3. (c) Social Security No. 491-14-6544

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Late Helen Bansbach 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct. 17th 1865  
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Representative

11. Industry or business Herder Book Co.

12. Name Unknown Bansbach

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Barbara unknown

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Bansbach

(b) Address 4304 Exeter Ave.

17. (a) Burial (b) Date thereof 11-8-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) Nov. 5, 1941 (b) J. F. Bruck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Shrewsbury  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4304 Exeter Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5th  
year 1941 hour 5:35 minute A.M. M.

21. I hereby certify that I attended the deceased from Oct - 14 - 1941 to Nov - 4 - 1941;  
that I last saw him alive on Nov 4 - 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia  
Duration 10-20-41  
6.11-5-41

Due to 137a

Due to

Other conditions Hypertrophy of Prostate  
(Include pregnancy within 3 months of death)

Major findings: Chronic Hypertrophy of Prostate & Bladder  
Of operations Bladder  
Of autopsy Bladder  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Arthur W. Wistner (M. D. or other) \_\_\_\_\_

Address Winsten Groves Mo. Date signed 11-5-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

204 East 1st Ave  
Tulsa Ok 74101  
1-2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Edmund M. Dermott  
Licensed Embalmer No. 3024  
P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**